CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				 _
The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR	FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs.	Laura	Α	
NAME	NICKNAME			Date Received
	i	Pressley	Ph.D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 82763 Austin, TX 78708	TE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address				Receipt # Amount 57
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE (512) 762-3825	NUMBER	EXTENSION	Date Processed 27 E 27
6 CAMPAIGN TREASURER		FIRST Marcelo	MI	Date Imaged P C C
NAME				1.
	i	LAST	SUFFIX	F R
		Tafoya		ట్ల
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE	•	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE I	NUMBER .	EXTENSION	
9 REPORT TYPE	January 15 30	Oth day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 81	th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09 / 26 / 2014	THROUGH	Month D 10 / 25	ey Year / 2014
11 ELECTION	Month ELECTION DATE Day Year 11 / 04 / 2014	ELECTION TYPE Primary	Runoff	✓ General Special
12 OFFICE	OFFICE HELD (if any)	<u> </u>	13 OFFICE SOUGHT (if ki	nown)
	N/A		Austin City Counc	cil, District 4
		GO TO PAG	SE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dr. La	ura Pressley, Pr	n.D. 1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
•	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME N/A COMMITTEE ADDRESS	
. additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,050.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	11ZED \$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$20,217.82
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	9AY \$ 14,955.96
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$22,000.00
Notary Pu My Cor	ER RICHARDSON blic, State of Texas mission Expires uary 17, 2018	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
AFFIX NOTARY STAM		me, by the said Laura Presslu	
Sworn to and subs	of		ny hand and seal of office.
Officer admi	nistering oath	Tennifer higherd Son Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

<u>.</u>				·
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC(ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
9/26/2014	Craig Nazor	Craig Nazor		description (if applicable)
	6 Contributor address; City; State; Zip Code 11701 Barchetta Dr., Austin, TX 78758		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Professor	pation / Job title (See Instructions)	10 Employer (See ACC	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
9/26/2014	Mark Osman		contribution (\$)	description (if applicable)
				<u>'</u>
	Contributor address; City; State; Zip Code		\$25.00	
	906 Rock Spring Cove, Round Rock, TX 78	0001		1
			(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Physician		Self		
Date	Full name of contributor		Amount of	In-kind contribution description (if applicable)
9/26/2014	Mary Jo Hernandez		contribution (\$)	description (ii applicable)
	Contributor address; City; State; Zip Code			
	1002 Wisteria, Austin, TX 78753		\$100.00	1
				}
		,	(If travel outside	of Texas, complete Schedule T)
Principat occup Physician	pation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/2/2014	Damien Matherne		contribution (\$)	description (if applicable)
•	Contributor address; City; State; Zip Code			
	11727 Sterling Panorama, Austin, TX 7873		\$350.00	
	Trial Storming Fariorating, Adding The Toyon	•		! [
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Finance		Clean Scapes		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/3/2014	Richard Bolton		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		,	,
	1739 Cricket Hollow Dr., Austin, TX 78758		\$50.00	
				1
	·		(If travel outside	of Texas, complete Schedule T)
Principal occup Technical Write	pation / Job title (See Instructions) T	Employer (See Retired	Instructions)	
				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/7/2014	Cary Yarosh		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 817 Windy Shores Loop, Spicewood, TX 78		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Program Manag	pation / Job title (See Instructions) ger	10 Employer (See Freescale Semico		
Date	Full name of contributor		Amount of	In-kind contribution
10/7/2014	Mark Ritchie		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 9222 Knoll Crest Loop, Austin, TX 78759		\$350.00	
				of Texas, complete Schedule T)
Principal occup Engineer	pation / Job title (See Instructions)	Employer (See I Applied Materials	-	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/8/2014	Debra Gore		contribution (\$)	description (if applicable)
	Contributor address; City, State; Zip Code 4825 Eagle Feather, Austin, TX 78735		\$350.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Teacher	pation / Job title (See Instructions)	Employer (See I Regents School	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
10/10/2014	Nancy Parkinson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 7522 Northcrest, Austin, TX 78752		\$100.00	\
			(If travel outside	 of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Retired		or rexas, complete occidence vy
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
10/13/2014	David King	,	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1808 Kerr Street, Austin, TX 78704		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Retired		

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Texas Ethics Commission

SCHEDULE A

	<u> </u>			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/20/2014	Don Brinkman		contribution (\$)	description (if applicable)
	6 Contributor address: City: State: Zip Code 2501 Tydins, Austin, TX 78730		\$350.00	
	<u> </u>		(If travel outside	of Texas, complete Schedule T)
9 Principal occup Restaurant	pation / Job title (See Instructions)	10 Employer (See I Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
10/23/2014	Joseph Burton		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			i
	2113 Zack Scott St., Austin, TX 78723		\$25.00	1
	2110 Zack Goott Gt., Adstin, 17, 70725) 1
			(If travel outside o	of Texas, complete Schedule T)
	oation / Job title (See Instructions)	Employer (See I	,	
Senior Project I	Manager	Lones Lang LaSa	lle	
Date 10/23/2014	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5004 Smokey Mountain, Austin, TX 78727		\$25.00	I
			()f travel outside	of Texas, complete Schedule T)
Principal occup Professor	pation / Job title (See Instructions)	Employer (See I UT Austin	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
10/23/2014	Don Pridgeon		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	1412 Desert Quail, Austin, TX 78758		\$25.00	, ļ
				1
	<u> </u>		(If travel outside	of Texas, complete Schedule T)
I — · · · · · · . — · · ·	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Electrical Engin	eer	Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/23/2014	Thomas Frye		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	5651 Leon St, Houma, LA 70360		\$50.00	
				1
		· - · -		of Texas, complete Schedule T)
Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Terrebonne	Instructions)	

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P.O. Box 12070

SCHEDULE A

	<u> </u>			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
10/23/2014	Mary Sanger	_	contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 704 Carolyn, Austin, TX 78705		\$250.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Retired	pation / Job title (See Instructions)	10 Employer (See Retired	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/23/2014	Rodney Thrailkill		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	8504 Rosemary, Austin, TX 78753		\$15.00	
	·			
			•	of Texas, complete Schedule T)
Principal occup Antique Dealer	pation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
10/23/2014	Nancy Lemmon		contribution (\$)	description (if applicable)
	Contributor address: City; State: Zip Code 617 Bissonet, Austin, TX 78752		\$10.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Project Manage	pation / Job title (See Instructions)	Employer (See Cathesis Partners		
Date	Full name of contributor)	Amount of	In-kind contribution
10/23/2014	Patrick Agol		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		045000	1
	1307 Canna Lily Ln, Pflugerville, TX 78660		\$150.00	
Principal accura	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Technical Illustr		PA Tech Solution	•	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/23/2014	Karen Renick		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	1
	2500 Tower Dr, Austin, TX 78703		\$100.00	l
				<u> </u>
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Architect		Self		

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Texas Ethics Commission

SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME		· · ·	3 ACCOUNT# (E	Ethics Commission Filers)
Dr. Laura Pres	ssley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	<u> </u>	7 Amount of	8 In-kind contribution
10/23/2014	J. Page		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code Requested, Austin, TX		\$350.00	 Music
				of Towns Consolete Cohodule TV
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Musician	upanon / Job line (See Hishachons)	Self Self		
Date	Full name of contributor		Amount of	In-kind contribution
10/24/2014	Catherine Bleisch		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	512 MLK #170, Austin, TX 78701		\$350.00	Advertising
				of Texas, complete Schedule T)
Principal occi Marketing	upation / Job title (See Instructions)	Employer (See Self	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
10/25/2014	Robert Witowski		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	3201 Barton Point Cir, Austin, TX 78733		\$350.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal occi Teacher	upation / Job title (See Instructions)	Employer (See EISD	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
10/25/2014	Ronald Manzanero		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
	3456 North Hills, Austin, TX 78731		\$50.00	1
		T		of Texas, complete Schedule T)
Principal occi Physician	upation / Job title (See Instructions)	Employer (See Austin Integrative	•	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
10/25/2014	Nina Legg		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			I
	5120 Kite Tail, Austin, TX 78730		\$100.00	i. I
•	1			,
		1	(If travel outside	of Texas, complete Schedule T)
1	upation / Job title (See Instructions)	Employer (See	Instructions)	
Teacher	· · · · · · · · · · · · · · · · · · ·	LISD		
	•			

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/25/2014	Robert Hale		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 10614 Golden Quail Dr, Austin, TX 78758		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 10/25/2014	Full name of contributor out-of-state PAC (ID#_Gary and Nanci Freeborg Contributor address; City; State; Zip Code 10401 Davy Crockett, Austin, TX 78737		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10401 Bavy Glookett, Adams, 17, 10101		/If traval autoida	of Toyan complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			· · · · · · · · · · · · · · · · · · ·	
Date 10/25/2014	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 232 Argyle Ave, Austin, TX 78209		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See !		or rexas, complete deficulte 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
10/25/2014	David Owen		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$150.00	
	611 Bissonet Ln, Austin, TX 78752		(If travel outside	i of Texas, complete Schedule T}
Principal occup Financial Service	pation / Job title (See Instructions) Des	Employer (See Pride of Austin Ca		
Date 10/25/2014	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6420 Old Harbor, Austin, TX 78739		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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P.O. Box 12070

SCHEDULE A

			. <u> </u>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 8	edule A:
2 FILER NAME		•	3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	sley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	·	7 Amount of	8 In-kind contribution
10/25/2014	Charles Walton		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 1701 Bouldin Avenue, Austin, TX 78704		\$150.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	 	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/2014	Lynn Foster		(*,	
	Contributor address; City; State; Zip Code		#E0 00	
	12008 Saxony Lane, Austin, TX 78727		\$50.00	
		· · · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/25/2014	Richard Bolton		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 1739 Cricket Hollow, Austin, TX 78758		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	
Technical Write	r	Retired		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/25/2014	George Stanton		contribution (\$)	description (if applicable)
	Contributor address: City; State; Zip Code			
	3505 Turnabout Lane, Austin, TX		\$100.00	
				!
			(If travel outside	I of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Retired	Instructions)	
Data	Full name of contributor		Amount of	In kind anatribution
Date 10/25/2014	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/2014	William Ellis Oglesby			1
	Contributor address; City; State; Zip Code		\$100.00	
	8900 Feather Hills, Austin, TX 78737		Ψ100.00	
			05.4	F. T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	, , , , , , , , , , , , , , , , , , , ,			_
				-

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Dr. Laura Press	ley, Ph.D.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
10/25/2014	David Nasr		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 8701 W Parmer Ln, Austin, TX 78729		\$250.00	 Advertising
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Sales	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/25/2014	John Phillips		contribution (\$)	description (if applicable)
	.			
	Contributor address; City; State; Zip Code 2104 Peach Tree, Austin, TX 78704		\$100.00	I
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Technician		P&C Communicat	tions	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
		•	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See t	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	·		(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		•
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
				· · ·

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(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri- Polling Expense Travel Out Of I	draising Expense T ct Cibistrict Cid/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
47.1 01.15	<u> </u>	to complete this form	
1 Total pages Schedule F: 8	2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
9/26/2014	BAD		
5 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code Requested, Austin, TX		
Ψ30.00 	Nequested, Austin, 1X		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (f travel outside of Texas, complete Schedule T)
EXPENDITURE			O#: b-14
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
9/26/2014	Piryx.com		
Amount (\$) \$15.75	Payee address; City; State; Zip Code		
\$15.75	Piryx.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit Complete C	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
9/29/2014	Mr. Gattis		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.00	Far West Blvd, Austin, TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Food for Volun	nteers
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
9/29/2014	Austin Monitor		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.41	P.O. Box 867, Austin, TX 78767		
PURPOSE OF	Category (See categories listed at the top of this schedule)	•	If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Subscription	
Complete ONLY if direct expenditure to benefit Complete C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IC CCHEDI II E ACA	JEEDED
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Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitat Food/Beverage Expense Travel II Polling Expense Travel C Printing Expense Office C	/Wages/Contract Labor ion/Fundraising Expense n District Out Of District overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains	s how to complete this to	irm.
Total pages Schedule F: }	2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name		
/29/2014	Statesman		
Amount (\$) \$9.99	7 Payee address; City; State; Zip 305 S. Congress Ave, Austin, TX 787		
PURPOSE	(a) Category (See categories tisted at the top of this scho	edule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Subscription	
Complete ONLY if direct expenditure to benefit (Office soug	ht Office held
Date	Payee name		
/29/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip	Code	
\$38.25	Piryx.com		
PURPOSE	Category (See categories listed at the top of this sche	edule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direc expenditure to benefit (Office soug	ht Office held
Date	Payee name		
/30/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip	Code	
, ,	Piryx.com		
\$70.20			
PURPOSE	Category (See categories listed at the top of this schi	edule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit (Office soug	ht Office held
Date	Payee name		
0/1/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip	Code	
\$12.38	Piryx.com		
PURPOSE	Category (See categories listed at the top of this sch	edule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	<i>*</i>
Complete ONLY if dire expenditure to benefit		Office soug	ht Office held
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	AT IACH ADDITIONAL COPIES	OF THIS SUREDULE AS	J NEGUEU

P.O. Box 12070

Advertising Expense	Gift/Awards/Memorials Expense Sa	alaries/Wages/Contract Labor	Loan Repayment/Reimburseme	nt.
Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Tr Polling Expense Tr	oficitation/Fundraising Expense ravel In District ravel Out Of District ffice Overhead/Rental Expense	Transportation Equipment & Rel Contributions/Donations Made I Candidate/Officeholder/Polit OTHER (enter a category not li	lated Expense By ical Committee
	The Instruction Guide ex	plains how to complete this	form.	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Co	mmission Filers
i [*]	Dr. Laura Pressley, Ph.D.			
Date	5 Payee name		, , , , , , , , , , , , , , , , , , , ,	
0/2/2014	Erin Schultz			
Amount (\$)	7 Payee address; City; State;	Zip Code		
\$118.00	2504 Huntwick Dr, Austin , TX 78	B741		
PURPOSE	(a) Category (See categories listed at the top of the	his schedule) (b) Descript	on (If travel outside of Texas, complete Sc	hedule T)
OF EXPENDITURE	Consulting Expense	Consulting		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so		e held
Date	Payee name			
0/6/2014	HEB			
Amount (\$)	Payee address; City; State;	Zip Code		
	North Lamar, Austin, TX			
\$54.06				
PURPOSE	Category (See categories listed at the top of the	his schedule) Descript	on (If travel outside of Texas, complete Sc	hedule T)
OF EXPENDITURE	Food/Beverage Expense	Food for V	olunteers	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ught Office	held
Date	Payee name			
0/7/2014	Piryx.com			
Amount (\$)	Payee address; City; State;	Zip Code		
\$15.75	Piryx.com	·		
PURPOSE	Category (See categories listed at the top of t	his schedule) Descript	ion (If travel outside of Texas, complete So	hedule T)
OF		Fees	The second secon	
EXPENDITURE	Fees	rees		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ught Office	e held
Date	Payee name		,	
0/8/2014	Erin Schultz			
Amount (\$)	Payee address; City; State;	Zip Code		
***	2504 Huntwick Dr. Austin , TX 78	•		
\$180.00	2001 Hardinok Di, Additi, 127 A	V(+1		
PURPOSE	Category (See categories listed at the top of t	his schedule) Descript	ion (if travel outside of Texas, complete Sc	hedule T)
OF EXPENDITURE	Consulting Expense	Consulting		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office so	ught Office	held

P.O. Box 12070

	EXPENDITURE CATEGORII	ES FOR BOX 8(2)	, M. (1996)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor indraising Expense ict District ad/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.		3 ACCOUNT # (Ethics Commission Filers
1 Date	5 Payee name		•
10/8/2014	Piryx.com		
\$ Amount (\$) \$2.25	7 Payee address; City; State; Zip Code Piryx.com		
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF	Fees	Fees	(
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name		
10/9/2014	Hoot Suite Media		
Amount (\$)	Payee address; City; State; Zip Code	·	
\$9.99	www.HootSuite.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Web Support Web Support		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held
Date	Payee name		
10/9/2014	Texas Tees Etc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$267.90	223 West Anderson Lane, Ste. A102, Aust	in, TX 78752	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Printing	
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sough	t Office held
Date	Payee name		
10/10/2014	Piryx.com		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.00	Piryx.com		
	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	The state of the s	1	
PURPOSE OF EXPENDITURE	Fees	Fees	
OF	Fees Candidate / Officeholder name	Fees Office sough	t Office held

P.O. Box 12070

					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor hising Expense trict Rental Expense	Loan Repaymer Transportation E Contributions/Do Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee category not listed above)
1 Total pages Schedule F:	2 FILER NAME				NT # (Ethics Commission Filers)
8	Dr. Laura Pressley, Ph.D.			0 110000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Payee name				
10/13/2014	Piryx.com				
6 Amount (\$) \$15.75	7 Payee address; City; State	e; Zip Code			
	Piryx.com				
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of 1	exas, complete Schedule T)
EXPENDITURE					
9 Complete <u>ONLY</u> if direct expenditure to benefit C			Office sough	ht	Office held
Date	Payee name				
10/14/2014	Erin Schultz				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
\$112.00	2504 Huntwick Dr, Austin , TX	78741			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of 1	exas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Consulting		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name				
10/14/2014	Samantha Meazel				
Amount (\$)	Payee address; City; State	e; Zip Code			
\$915.00	1810 Airole Way, Austin, TX 78	3704	1		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of)	Fexas, complete Schedule T)
OF EXPENDITURE	Consulting Expense		Consulting		
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name			***	
10/14/2014	Catherine Bleisch			,	
Amount (\$)	Payee address; City; Stat	e; Zip Code		,	
\$1,000.00	512 MLK #170, Austin, Tx 7870	01			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of 1	Texas, complete Schedule T)
OF EXPENDITURE	Advertising		Advertising		
Complete ONLY if direct expenditure to benefit (Office soug	ht	Office held
	ATTACH ADDITIONAL CO				

P.O. Box 12070

						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services So Food/Beverage Expense Tra Polling Expense Tra	laries/Wages/Co licitation/Fundra avel In District avel Out Of Dis fice Overhead/F	ontract Labor sising Expense trict Rental Expense	Contributions/Donat Candidate/Office OTHER (enter a ca	pment & Related Expense	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)	
8	Dr. Laura Pressley, Ph.D.			3 ACCOUNT	# (Ethics Commission Thers)	
4 Date	5 Payee name					
10/15/2014	Richard Franklin					
6 Amount (\$)		Zin Code				
\$1,644.00	7 Payee address; City; State; 4001 Sojourner St, Austin, TX 78	-				
8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)	
OF EXPENDITURE	Contract Labor		Marketing			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough	t	Office held	
Date	Payee name	,	, , , , , , , , , , , , , , , , , , ,	,		
10/15/2014	Bumper Sticker					
Amount (\$)	Payee address; City; State;	Zin Code	·			
\$5,000.09	612 West 34th Street, Austin, TX	•				
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description	(If travel outside of Texas	s, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		Printing			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough	t	Office held	
Date	Payee name					
10/15/2014	Piryx.com					
Amount (\$)	Payee address; City; State;	Zin Code				
\$4.50	Piryx.com	Zip Code				
	Catagony	sia salas de la S	Description:	(Iftenual autaint f T-	n nomelata Cabadula Ti	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	nis schedule)	Fees	(If travel outside of Texas	s, complete schedule 1)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ıt	Office held	
Date	Payee name		•			
10/16/2014	Payee name Piryx.com					
Amount (\$)	Payee address; City; State;	Zip Code			. , ,	
\$4.50	Piryx.com	·				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	nis schedule)	Description Fees	(If travel outside of Texa:	s, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C			Office sough	t	Office held	
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS	NEEDED		

P.O. Box 12070

		CATEGORIES FOR BOX	• •
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expen	 Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	- ,	explains how to complete th	(
1 Total pages Schedule F:	2 FILER NAME	····	3 ACCOUNT # (Ethics Commission Filers
3	Dr. Laura Pressley, Ph.D.		
4 Date	5 Payee name		
10/15/2014	Richard Franklin		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,644.00	4001 Sojourner St, Austin, TX	78725	
B PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descri	iption (If travel outside of Texes, complete Schedule T)
EXPENDITURE	Contract Labor	Marketin	9
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office	sought Office held
Date	Payee name		
10/15/2014	Bumper Sticker		
Amount (\$)	Payee address; City; Str	ate; Zip Code	
\$5,000.09	612 West 34th Street, Austin, 1	TX 78705	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texes, complete Schedule Texes)		
EXPENDITURE	Advertising Expense	Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office :	sought Office held
Date	Payee name		
10/15/2014	Piryx.com		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
\$4.50	Piryx.com		
PURPOSE	Category (See categories listed at the top	of this schedule) Descr	iption (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		sought Office held
Date	Payee name		
10/16/2014	Piryx.com		
Amount (\$)	·	ate; Zip Code	
	Piryx.com		
\$4.50			
PURPOSE	Category (See categories listed at the top	of this schedule) Descr	iption (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Fees	
	Candidate / Officeholder name		sought Office held

SCHEDULE F

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 8 Dr. Laura Pressley, Ph.D. 4 Date 5 Payee name 10/17/2014 Erin Schultz 6 Amount (\$) 7 Payee address; City; State; Zip Code 2504 Huntwick Dr. Austin, TX 78741 \$217.00 PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) OF Consulting Expense Consulting **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Erin Schultz 10/20/2014 Amount (\$) Payee address: City; State; Zip Code \$120.00 2504 Huntwick Dr. Austin, TX 78741 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting **EXPENDITURE** Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/20/2014 **Bumper Sticker** Amount (\$) Payee address; City; State; Zip Code \$300.30 612 West 34th Street, Austin, TX 78705 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Advertising Expense **Printing EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/21/2014 **Bumper Sticker** Amount (\$) Payee address; City; State; Zip Code 612 West 34th Street, Austin, TX 78705 \$10,000.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Advertising Expense **Printing EXPENDITURE** Candidate / Officeholder name Office sought Office held

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Complete ONLY if direct expenditure to benefit C/OH

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor draising Expense transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee d/Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Dr. Laura Pressley, Ph.D.	3 ACCOUNT # (Ethics Commission Filers
4 Date 10/23/2014	5 Payee name Piryx.com	
6 Amount (\$) \$15.75	7 Payee address; City; State; Zip Code Piryx.com	·
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C//	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date	Payee name N/A	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		Office sought Office held
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